

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1994

Application or Docket Number

08533207

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|----------------------------------|-----------------|--------------|
| BASIC FEE | | |
| TOTAL CLAIMS | 11 minus 20 = * | |
| INDEPENDENT CLAIMS | 35 minus 3 = * | 2 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE | FEE |
|--------|--------|
| | 365.00 |
| x\$11= | |
| x38= | 1 |
| +120= | |
| TOTAL | |

OR

OR

OR

OR

OR

| RATE | FEE |
|--------|--------|
| | 730.00 |
| x\$22= | |
| x76= | 52 |
| +240= | |
| TOTAL | 730 |

88.2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A | A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|-----|----------------------------------|-------|------------------------------------|---------------|
| | | Total | * 11 | Minus | ** 20 |
| Independent | * 3 | Minus | *** 5 | = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| x\$11= | |
| x38= | |
| +120= | |
| TOTAL ADDIT. FEE | |

OR

OR

OR

OR

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| x\$22= | |
| x76= | |
| +240= | |
| TOTAL ADDIT. FEE | |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT B | B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|----------------------------------|------|------------------------------------|---------------|
| | | Total | * 21 | Minus | ** |
| Independent | * | Minus | *** | = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| x\$11= | |
| x38= | |
| +120= | |
| TOTAL ADDIT. FEE | |

OR

OR

OR

OR

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| x\$22= | |
| x76= | |
| +240= | |
| TOTAL ADDIT. FEE | |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT C | C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|-----|----------------------------------|-------|------------------------------------|---------------|
| | | Total | * 20 | Minus | ** 20 |
| Independent | * 5 | Minus | *** 3 | = 2 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| x\$11= | |
| x38= | |
| +120= | |
| TOTAL ADDIT. FEE | |

OR

OR

OR

OR

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| x\$22= | |
| x76= | 1.21 |
| +240= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

| FOR | NUMBER FILED | NUMBER EXTRA |
|----------------------------------|--------------|--------------|
| BASIC FEE | | |
| TOTAL CLAIMS | minus 20 = | * |
| INDEPENDENT CLAIMS | minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

| RATE | FEE |
|--------|--------|
| | 395.00 |
| x\$11= | |
| x41= | |
| +135= | |
| TOTAL | |

OR

| RATE | FEE |
|--------|--------|
| | 790.00 |
| x\$22= | |
| x82= | |
| +270= | |
| TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| | Total * 12 | Minus ** 20 | = |
| | Independent * 4 | Minus *** 5 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| x\$11= | |
| x41= | |
| +135= | |
| TOTAL ADDIT. FEE | |

OR

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| x\$22= | |
| x82= | |
| +270= | |
| TOTAL ADDIT. FEE | |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| | Total * | Minus ** | = |
| | Independent * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| x\$11= | |
| x41= | |
| +135= | |
| TOTAL ADDIT. FEE | |

OR

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| x\$22= | |
| x82= | |
| +270= | |
| TOTAL ADDIT. FEE | |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|------------------------------------|---------------|
| | Total * | Minus ** | = |
| | Independent * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| x\$11= | |
| x41= | |
| +135= | |
| TOTAL ADDIT. FEE | |

OR

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| x\$22= | |
| x82= | |
| +270= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1996

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|----------------------------------|--------------|--------------|
| BASIC FEE | | |
| TOTAL CLAIMS | minus 20 = | * |
| INDEPENDENT CLAIMS | minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE | FEE |
|--------|--------|
| | 385.00 |
| x\$11= | |
| x40= | |
| +130= | |
| TOTAL | |

| RATE | FEE |
|--------|--------|
| | 770.00 |
| x\$22= | |
| x80= | |
| +260= | |
| TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|----------------|----------------|
| x\$11= | |
| x40= | |
| +130= | |
| TOTAL | |
| ADDITIONAL FEE | |

| RATE | ADDITIONAL FEE |
|----------------|----------------|
| x\$22= | |
| x80= | |
| +260= | |
| TOTAL | |
| ADDITIONAL FEE | |

AMENDMENT A

| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|------------------------------------|---------------|
| Total | * 13 Minus ** 20 = | |
| Independent | * 4 Minus *** 5 = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | |

AMENDMENT B

| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|------------------------------------|---------------|
| Total | * Minus ** = | |
| Independent | * Minus *** = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | |

| RATE | ADDITIONAL FEE |
|----------------|----------------|
| x\$11= | |
| x40= | |
| +130= | |
| TOTAL | |
| ADDITIONAL FEE | |

| RATE | ADDITIONAL FEE |
|----------------|----------------|
| x\$22= | |
| x80= | |
| +260= | |
| TOTAL | |
| ADDITIONAL FEE | |

AMENDMENT C

| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|------------------------------------|---------------|
| Total | * Minus ** = | |
| Independent | * Minus *** = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | |

| RATE | ADDITIONAL FEE |
|----------------|----------------|
| x\$11= | |
| x40= | |
| +130= | |
| TOTAL | |
| ADDITIONAL FEE | |

| RATE | ADDITIONAL FEE |
|----------------|----------------|
| x\$22= | |
| x80= | |
| +260= | |
| TOTAL | |
| ADDITIONAL FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

7-10096-00520 DIA 11/17

REQUEST FOR PATENT FEE REFUND

| | | | | | | | | | | |
|--|--|--|-------------------------------------|--|--|----|--|--|--|--|
| 1 Date of Request: <u>11/3/95</u> | | 2 Serial/Patent # <u>08533207</u> | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | | | | | | | |
| <input checked="" type="checkbox"/> Filing | | | 11/21/95 \$ 152 ⁰⁰ SE | | | | | | | |
| <input type="checkbox"/> Amendment | | | \$ | | | | | | | |
| <input type="checkbox"/> Extension of Time | | | \$ | | | | | | | |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input type="checkbox"/> Petition | | | \$ | | | | | | | |
| <input type="checkbox"/> Issue | | | \$ | | | | | | | |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| <input type="checkbox"/> Maintenance | | | \$ | | | | | | | |
| <input type="checkbox"/> Assignment | | | \$ | | | | | | | |
| <input type="checkbox"/> Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | | | | | | | |
| | | \$ 152 ⁰⁰ | | | | | | | | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | | | | | | | |
| <input checked="" type="checkbox"/> Overpayment | | <input checked="" type="checkbox"/> Treasury Check | | | | | | | | |
| <input type="checkbox"/> Duplicate Payment | | Credit Deposit A/C #: | | | | | | | | |
| <input type="checkbox"/> No Fee Due (Explanation): | | 9 <table border="1"><tr><td></td><td></td><td>--</td><td></td><td></td><td></td><td></td></tr></table> | | | | -- | | | | |
| | | -- | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Duane A. McCray</u> | | TITLE: <u>Clerk</u> | | | | | | | | |
| SIGNATURE: <u>Duane A. McCray</u> | | PHONE: <u>308-6473</u> | | | | | | | | |
| OFFICE: | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | |
| APPROVED: <u>Bill Phillips</u> | | DATE: <u>11-15-95</u> | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

| ID | MCH | TPE | NAME OR ACCOUNT | C-NBR | MLEDTE | CURDTE | F-C | \$ AMOUNT |
|----|-----|-----|-----------------|-------|--------|--------|-----|-----------|
| C | 240 | 1 | 08533207 | 00032 | 951017 | 951018 | 581 | 40.00 |
| C | 240 | 1 | 08533207 | 00033 | 951017 | 951018 | 101 | 882.00 |

NO MORE TRANSACTIONS

END OF YOUR QUERY

15 20
24 24